

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PPO-875)

SERIAL NO.

100636700

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		13		1		
5		1				
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11	1		1			
12		1		1		
13		1		1		
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
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21	1		1			
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50						
TOTAL IND.			13			
TOTAL DEP.			27			
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						